1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 28343 (1) A
Registered No. 2

1. PLACE OF DEATH
13 County Worth
Township Gletchall
City ~~or Village~~ Grant City (No. ..... St. ..... Ward)
Registration District No. 903
Primary Registration District No. 6212

2. FULL NAME Joseph Enoch King
(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delila Ann King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) August 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Missouri

FATHER
13. NAME John L. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City South Carolina

MOTHER
15. MAIDEN NAME Mary Wilcox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo. Missouri

17. INFORMANT Chester King
(ADDRESS) Grant City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gletchall Cem. DATE Aug 19, 1932

19. UNDERTAKER Orah C. Dunkel
(ADDRESS) Grant City Mo.

20. FILED 8/10, 1933 John Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Aug 17, 1932
I last saw him alive on Aug 16, 1932. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B. J. Ross, M. D.
(Address) Grant City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD